

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155817	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/29/2016
NAME OF PROVIDER OR SUPPLIER BARRINGTON OF CARMEL, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1335 S GUILFORD ROAD CARMEL, IN 46032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00200885.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on May 12, 2016. This visit included the PSR to a State Residential Licensure Survey completed on May 12, 2016. This visit included the PSR to the Investigation of Complaints IN00198124 and IN00198238 completed on May 12, 2016.</p> <p>Complaint IN00200885-Substantiated. No deficiencies related to allegations are cited.</p> <p>Survey date: July 28 and 29, 2016</p> <p>Facility number: 013212 Provider number: 155817 AIM number: N/A</p> <p>Census bed type: SNF: 32 Residential: 64 Total: 96</p> <p>Census by payor source: Medicare: 6 Other: 26 Total: 32</p> <p>Sample: 7</p> <p>Barrington of Carmel was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the the Investigation of Complaint IN00200885.</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 Quality Review was completed by 21662 on August 3, 2016.	F 000			